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Division	of Health Care Faci	lities				····	 7
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING 03 - STATE BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/02/2010	
		TN9502			THE MICCORE	03/0.	22010
NAME OF P	ROVIDER OR SUPPLIER		1		STATE, ZIP CODE		
	N HEALTH AND REH	IABILITATION CE		LE HEIGHT: I, TN 37087		<u> </u>	
(X4) ID PREFIX TAG	CEACH RESIDIENCE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULO BE	(X5) COMPLETE DATE
	overall nursing hor developed and mathe safety and well assured. This Rule is not mathe Based on observate facility failed to mathe findings included to mathe findings included the safety area reveating grilles were directly area reveating the safety area fan grilles were directly area fan grilles were direc	of the physical plant ame environment must intained in such a material period of residents and the services of p.m. observation will be period of the return air and ty. National Fire Profession (TDOH) 1200-08 oknowledged by the verified by the Mainte the exit interview on the services of the profession of the profess	ed the onment. ithin the l exhaust tection ssee -06~.08(2)	N 832 N 901	The Corrective action will be monicensure the alleged deficient practice recur: The data collected from the audits wito the Administrator for tracking and be presented at the Quality Assurance meeting. Compliance of this system reviewed monthly by the Quality Assurance committee consisting of the Medical Administrator, Director of Nursing, Solvelopment Coordinator, Medical Roletary Manager, Rehab Manager, Remanagement Director, Pharmacist Committee Supervisor, Social Services Director, and Housekeeping Subsequent plans of correction will be and implanted as needed. Completion Date: 09/10/2010	It be given trending to committee will be surrance Director, staff tecords, esident Care onsultant, ice Director, Supervisor.	
14 301	(1) Any nursing he required applicable regulations at the codes or regulation compliance is main waivers of specific be in compliance vinew codes or regulation. This Rule is not make the codes on observation of the codes or regulation of the codes of regulation of the codes of	ome which complies on building and fire saftime the board adoptions will, so long as suit intained (either with one provisions), be conswith the requirements ulations.	ety s new ch r without idered to of the				
Object of H	ealth Care Facilities	mply with the applicat					(X6) DATE

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Division of Health Care Facilities (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 03 - STATE BUILDING A. BUILDING B. WING 09/02/2010 TN9502 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 731 CASTLE HEIGHTS COURT LEBANON HEALTH AND REHABILITATION CE LEBANON, TN 37087 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX. CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N832 1200-8-6-.08(2) Building Standards N 832 N 832 1200-8-6-.08(2) Building Standards The facility will ensure the conditions of the (2) The condition of the physical plant and the physical plant and the overall nursing home overall nursing home environment must be environment must be developed and maintained developed and maintained in such a manner that in such a manner that the safety and well-being of residents are assured. the safety and well-being of residents are assured. The following corrective actions have been taken: This Rule is not met as evidenced by: The return air and exhaust fan grilles in the Based on observations it was determined the dietary area were all cleaned and repainted on facility failed to maintain physical environment. September 7th 2010. The findings include: Residents with the potential to be affected by On 9/2/10, at 12:16 p.m. observation within the the alleged deficient practice will be identified: dietary area revealed, the return air and exhaust fan grilles were dirty. National Fire Protection Other areas in the facility were checked to ensure return air and exhaust grills were clean. Association (NFPA) 90A; 90B-4; Tennessee Department of Health (TDOH) 1200-08-06-.08(2) Measures put in place to ensure that the alleged deficient practices does not recur This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 9/2/10. The Maintenance Supervisor will conduct random inspection to ensure compliance N 901 N 901 1200-8-6-.09(1) Life Safety (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations. This Rule is not met as evidenced by: Based on observations it was determined the facility failed to comply with the applicable Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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AND PLAN OF CORRECTION IDENTIF		N OF CORRECTION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - STATE BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
ME OF PROVIDER		TN9502	731 CAST	PRESS, CITY. LE HEIGHT		09/0	<u>2/2010</u>
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION		
Duilding The fine On 9/2/ boiler re leaking (TDOH This fine	dings included 10, at 12:00 boom area re . Tennessee) 1200-08-06 ding was activator and v	afety regulations as re e: p.m. observation wit vealed the hot water a Department of Healt	hin the tank was th	N 901	N901 1200-8-609(1) Life Safety The facility will ensure that we are with required applicable building a regulations at the time the board accodes or regulations. The following corrective actions taken: AirPro inspected the hot water tank room that was leaking on Septembelt was determined the circulation pube replace due broken seal. The pump was ordered on Septembelt was determined the circulation pube replace due broken seal. Residents with the potential to be the alleged deficient practice will lother areas of the facility were inspective compliance with building and regulations as required. Measures put in place to ensure the alleged deficient practices does not include: The Maintenance Supervisor will corrandom inspection to ensure compliance building and fire safety regulations.	in the boiler or 3rd 2010. Imp needed to affected by the identified: acted to a fire safety at the recur	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLI IDENTIFICATION NI		MBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 03 - STATE BUILDING 8. WING		(X3) DATE SURVEY COMPLETED		
NAME OF	PROVIDER OR SUPPLIER		STREET AC	DRESS, CITY,	STATE, ZIP CODE	09/0	2/2010
LEBANG	ON HEALTH AND REH	ABILITATION CE	731 CAS	TLE HEIGHT N, TN 3708:	S COURT		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	ON SHOULD BE COMP HE APPROPRIATE DA	
N 901	building and fire sa The findings include On 9/2/10, at 12:00 boiler room area rev	fety regulations as report of the property of the hot water to Department of Healt (09(1)) Incovied ged by the perified by the Mainten	hin the tank was h	N 901	The Corrective action will be more ensure the alleged deficient practice. The data collected from the audits to the Administrator for tracking as be presented at the Quality Assuranceting. Compliance of this systemetime consisting of the Medical Administrator, Director of Nursing, Development Coordinator, Medical Dietary Manager, Rehab Manager, Management Director, Pharmacist (Maintenance Supervisor, Social Ser Act ivies Director, and Housekeepin Subsequent plans of correction will and implanted as needed. Completion Date: 10/05/2010	will be given and trending to ace Committee an will be assurance al Director, Staff Records, Resident Care Consultant, vice Director, as Supervisor	

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